



Docket No.: 09879-00036-US  
AGR 2002/M221 (PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Thomas Seitz et al.

Application No.: 10/634,725

Confirmation No.: 8635

Filed: August 5, 2003

Art Unit: 1626

For: 3-AMINOCARBONYL SUBSTITUTED  
BENZOYLPYRAZOLONES

Examiner: Wright, Sonya N.

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated:

April 29, 2004

Signature:

Barbara J. Miller  
(Barbara J. Miller)

**AMENDMENT**


Sir:

In response to the Office Action dated March 31, 2004, please amend the above-identified patent application as follows:

**Amendments to the Specification** begin on page 2 of this paper.

**Remarks/Arguments** begin on page 3 of this paper.



AMENDMENT TRANSMITTAL LETTER				Docket No. 09879-00036US	
Application No. 10/634,725-Conf. #8635		Filing Date August 5, 2003		Examiner S. Wright	
				Art Unit 1626	
Applicant(s): Thomas Seitz et al.					
Invention: 3-AMINOCARBONYL SUBSTITUTED BENZOYLPYRAZOLONES					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims		- =		x	0.00
Independent Claims		- =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					0.00
<input checked="" type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input type="checkbox"/> Small Entity</span>					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>03-2775</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 _____ William E. McShane Attorney Reg. No.: 32,707				Dated: <u>April 29, 2004</u>	
CONNOLLY BOVE LODGE & HUTZ LLP 1007 North Orange Street P.O. Box 2207 Wilmington, Delaware 19899 (302) 658-9141					